

CONTRACT ESTIMATE VOUCHER

Agency No.	Div. No.	Current Document Number
		V

Document Date:	Effective Date:	Due Date:
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Vendor Information		Paying Agency Name & Address	
No./Sfx	Payment Indicator <input type="checkbox"/>		
Name			
Street			
City, State & Zip			

	Sfx	T/C	Reference Doc.	Sfx	M	Fund	BFY	Index	PCA	Sub-Obj	Det	Amount
	01											
Invoice Number	Description							Agency Use				
	Sfx	T/C	Reference Doc.	Sfx	M	Fund	BFY	Index	PCA	Sub-Obj	Det	Amount
	02											
Invoice Number	Description							Agency Use				
	Sfx	T/C	Reference Doc.	Sfx	M	Fund	BFY	Index	PCA	Sub-Obj	Det	Amount
	03											
Invoice Number	Description							Agency Use				
	Sfx	T/C	Reference Doc.	Sfx	M	Fund	BFY	Index	PCA	Sub-Obj	Det	Amount
	04											
Invoice Number	Description							Agency Use				
	Sfx	T/C	Reference Doc.	Sfx	M	Fund	BFY	Index	PCA	Sub-Obj	Det	Amount
	05											
Invoice Number	Description							Agency Use				
	Sfx	T/C	Reference Doc.	Sfx	M	Fund	BFY	Index	PCA	Sub-Obj	Det	Amount
	06											
Invoice Number	Description							Agency Use				
	Sfx	T/C	Reference Doc.	Sfx	M	Fund	BFY	Index	PCA	Sub-Obj	Det	Amount
	07											
Invoice Number	Description							Agency Use				
	Sfx	T/C	Reference Doc.	Sfx	M	Fund	BFY	Index	PCA	Sub-Obj	Det	Amount
	08											
Invoice Number	Description							Agency Use			Document Total	

Description of Material or Service

SEE ATTACHED AIA DOCUMENTS G702 AND G703

Division of Facilities Management Approval	Agency Payment Certification: I certify that the within was contracted for the State under authority of law, and that the amount herein is unpaid and correct according to such contract.
Authorized Signature _____ Date _____	Agency Authorized Signature _____ Date _____

An Equal Opportunity Employer